

Foster Family Home - Deficiency Report

Provider ID: 1-511809

Home Name: Vicky Gonzales, CNA

Review ID: 1-511809-9

91-918 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/9/2021

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Client Care and Services	[11-800-43]
--------------------	--------------------------	-------------

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) Incomplete RN delegation present for Client # 1, caregiver # 4

Foster Family Home	Quality Assurance	[11-800-50]
--------------------	-------------------	-------------

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a) internal emergency management policies has not been signed by caregiver# 4

50.(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH. There is a doorbell not functioning

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5) Medication schedule checklist;
54.(c)(7) Expenditure records; and
54.(c)(8) Personal inventory.



Comment:

54.(c)(2) Service plan for client #1 is outdated, and has listed for [REDACTED]. CCFFH documenting [REDACTED]

54.(c)(8) Client # 1 and 2 No client belonging record documentation

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred. Client # 2 had 2 emergency use PRN medications both expired.


Compliance Manager

Primary Care Giver

7/9/21
Date
7/9/21
Date